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7590 08/10/2004

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10/21/2004 BSAYAS12 00000014 10087031

01 FC:2501	685.00	OP
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MARY LOUISE GIOENI, ESQ.

(Depositor's name)

Mary Louise Gioeni

(Signature)

OCTOBER 18, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/087,031	10/19/2001	James Vincent Crivello	0094046A	6505

TITLE OF INVENTION: POLYMERIZABLE SILOXANES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	XXX \$685.00	\$300	XXX \$985.00	11/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROBERTSON, JEFFREY	1712	528-025000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Heslin Rothenberg Farley & Mesiti P.C.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. <u>Mary Louise Gioeni, Esq.</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

RENSSELAER POLYTECHNIC INSTITUTE TROY, NEW YORK UNITED STATES OF AMERICA

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed: <input type="checkbox"/>	4b. Payment of Fee(s): <input type="checkbox"/>
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature) *Mary Louise Gioeni* (Date)

OCTOBER 18, 2004

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